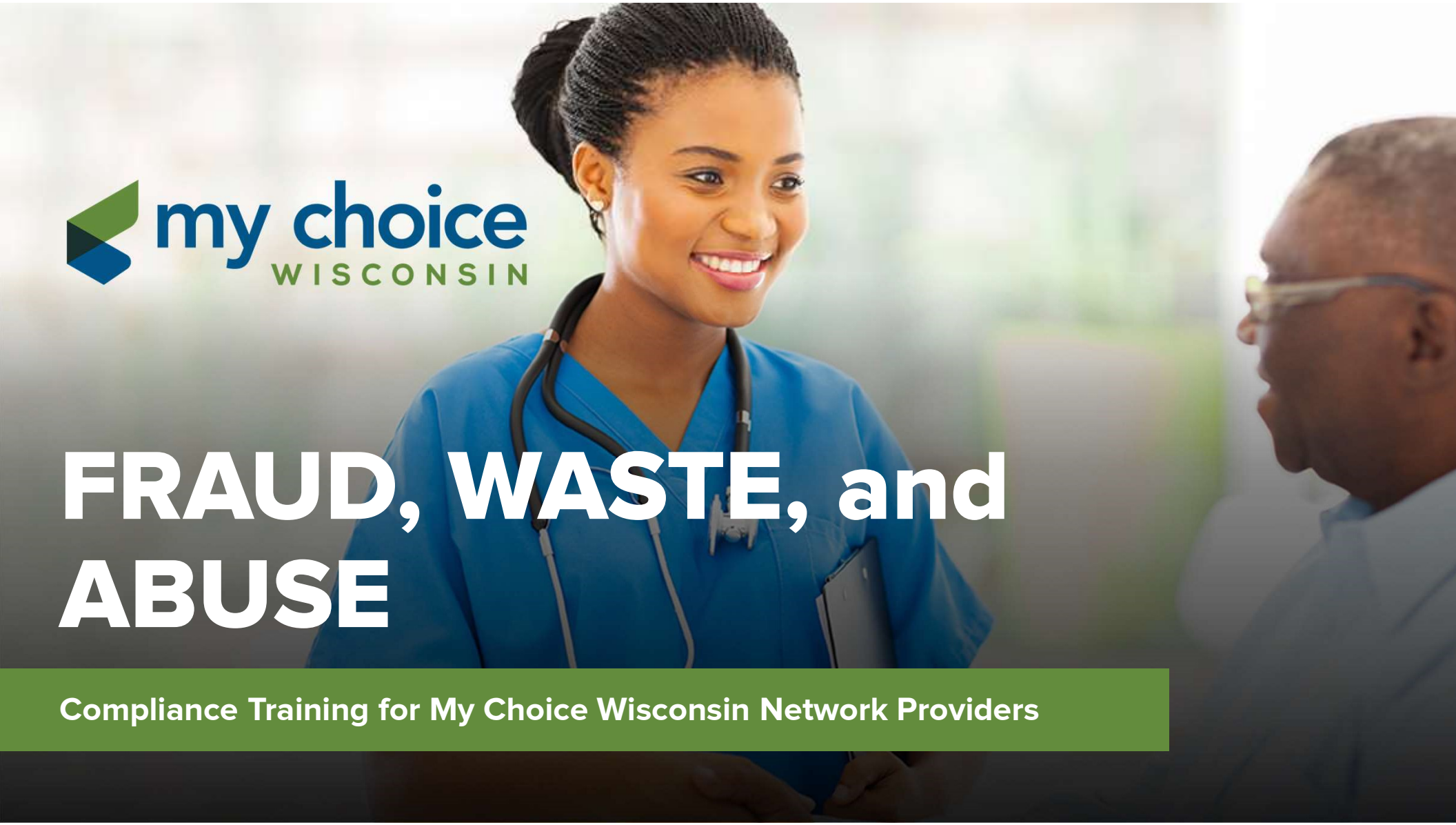

FRAUD, WASTE, and ABUSE

Compliance Training for My Choice Wisconsin Network Providers

OUR MISSION

my choice WISCONSIN

"We are committed to the improved health of our members and the betterment of our communities.

As trusted stewards of public funds, we care for the whole person and well-being of all by offering services that promote independence, value diversity, and inspire self-advocacy."

Objectives for Learning

This training meets a regulatory requirement for training and education on compliance, fraud, waste, and abuse.

- Define and identify fraud, waste, and abuse
- Understand your obligation to detect, prevent, and correct fraud, waste, and abuse at your organization
- Learn about laws pertaining to fraud, waste, and abuse and their relevance to your operations
- Apply information from this training to prevent, detect, report, and correct fraud, waste, and abuse at your organization

Access to Compliance Training

Providers must complete General Compliance and Combating Medicare and Medicaid FWA training

Use this resource to complete CMS fraud, waste, and abuse training:

CMS General Compliance and FWA Training

My Choice Wisconsin is required to provide FWA training to providers that are not deemed by CMS participation

Required by:

- Wisconsin Department of Health Services (DHS)
- Centers for Medicare & Medicaid Services (CMS)

Exemption from Compliance Training

Be ready to provide documentation to support your exemption to My Choice Wisconsin for audit purposes, upon request.

Are you waived from additional FWA training?

- Per 42 C.F.R. § 423.504(b)(4)(vi)(C)(3)
- Applies to organizations that have been officially accredited by CMS or through enrollment into Medicare Parts A or B

DEFINING COMPLIANCE, FRAUD, WASTE, and ABUSE

Definitions and Common Examples of FWA, and Provider Responsibilities

What is Fraud?

Definition of fraud:

Intentional deception or misrepresentation, knowing the deception could result in an unauthorized benefit

Source: CMS Glossary

Examples of fraud:

- Billing for services that were never provided
- Billing for a service that has a higher reimbursement than the service provided
- Misrepresenting who provided the services
- Altering claims forms, electronic claim records or medical documentation

What is Waste?

Definitions of waste:

Overutilization of services, or practices that result in unnecessary costs

Useless consumption or expenditure without adequate return

Source: CMS Glossary

Example of waste:

- Providing services that are not medically necessary

What is Abuse?

Definition: Practices that are inconsistent with fiscal, business or medical practices, and result in:

- Unnecessary cost to Medicaid and Medicare programs
- Reimbursement for services that are not medically necessary
- Services that fail to meet standards for health care

Includes recipient practices resulting in unnecessary cost to Medicaid and Medicare programs.

Source: CMS Glossary

Abuse: Different than Fraud or Waste

Unlike issues of fraud, or waste, abuse has no requirement to prove or demonstrate that acts were committed knowingly, willfully, and intentionally

Source: CMS Glossary

Examples of abuse:

- Billing for a non-covered service
- Misusing codes on the claim (i.e., the way the service is coded on the claim does not comply with coding guidelines or is not billed as rendered)
- Inappropriately allocating costs on a cost report

Who is Responsible for Fraud, Waste, and Abuse?

Providers like you are a vital part of the effort to prevent, detect and report Medicare/Medicaid non-compliance and possible fraud, waste, and abuse.

Who could commit fraud, waste, or abuse?

- Members/Patients
- Employees
- Health Plans
- Providers or prescribers
- Manufacturers
- Pharmacies

Who is Responsible for Fraud, Waste, and Abuse?

Provider responsibilities for Medicare and Medicaid services:

- Comply with all applicable statutory, regulatory, and other Medicare/Medicaid requirements
  - Includes adopting and implementing an effective compliance program
- Duty to the Medicare/Medicaid program to report any potential violations of laws

STATUTES and REGULATIONS

Rules that govern compliance, fraud, waste, and abuse

Deficit Reduction Act (DRA)

Requires organizations that receive Medicaid funds to provide training about the Federal and State False Claims Acts and the company's policies and procedures around FWA.

- Must have an effective compliance program, which should include:
  - Measures to prevent, detect, and correct Medicare/Medicaid non-compliance
  - Measures to prevent, detect and correct FWA
- Must provide training for employees, senior leadership and Board of Directors

The Office of Inspector General (OIG), U.S Department of Health Services

Department of Justice

Centers for Medicare and Medicaid Services (CMS)

Office of the State Attorney General

State Medicaid Agencies

Medicaid Fraud Control Units

The Office of the State OIG and Medicaid OIG

Federal and State Oversight Authorities

Laws and Regulations About FWA

- Federal False Claims Act
- Anti-Kickback Statute
- Beneficiary Inducement Law
- Exclusions Statute
- Whistleblower Protection Act

- Other Relevant Federal FWA Laws
  - *Physician Self-Referral Prohibition (Stark Law)*
  - *Civil Monetary Penalties*
  - *Health Insurance Portability and Accountability Act (HIPAA)*
  - *Deficit Reduction Act of 2005*

Federal False Claims Act

Prohibits knowingly submitting a false claim, making a false record or statement in order to have a false claim paid or approved under any federally funded health care program

- False Claims Act includes a “qui tam” or whistleblower provision
- My Choice Wisconsin investigates all good faith reports of suspected FWA
- Reporters are protected from retaliation or retribution

Anti-Kickback Statute Law

Prohibits directly or indirectly offering, providing, or receiving kickbacks or bribes in exchange for goods or services covered by Medicare, Medicaid and other federally funded programs.

Beneficiary Inducement Law

Prohibits offering remuneration that you know or should know is likely to influence a member or beneficiary to select a particular provider, practitioner or supplier.

Exclusions Statute

- Excludes participation in Medicare or Medicaid program for a minimum number of years
- Providers must screen all employees and contractors to determine exclusion status
- The State's exclusion process periodically informs MCOs and HMOs who is suspended from participation in the State Medicaid program

Other FWA Regulations

Overpayments

Your provider agreement with My Choice Wisconsin requires you to:

- Report the overpayment when identified;
- Return the overpayment within 60 calendar days of the date on which the overpayment was identified; and
- Notify My Choice Wisconsin in writing of the overpayment

Record Retention Requirements

- Providers must maintain service, prescription, claim, and billing records for 10 years
- Records subject to My Choice Wisconsin audit

REPORT FRAUD, WASTE, and ABUSE

Examples and Reporting Methods

Examples of Provider FWA

- Illegal Remuneration Schemes: Provision of unlawful payment to induce or reward the prescriber to write prescriptions for specific drugs or products
- Payments for items excluded under My Choice Wisconsin or federal programs
- Billing for services that were never provided
- Billing for a higher level of service than what was actually provided
- Billing for non-covered services or prescriptions as covered items

Program Integrity

- Led by My Choice Wisconsin's Compliance Officer
- Detects, investigates and prevents all activities related to possible health insurance fraud and abuse

The Compliance Officer:

- *Reviews and investigates all allegations of Fraud and Abuse*
- *Takes corrective actions for any supported allegations*
- *Reports misconduct to all the appropriate agencies*
- *Provides training for employees and providers*

How to Report FWA:

Telephone:

The Molina Healthcare AlertLine is available 24/7. It can be reached at any time (day or night), over the weekend, or even on holidays. To report an issue by telephone, call toll-free at (866) 606-3889.

Online:

To report an issue online, visit https://molinahealthcare.AlertLine.com.

Remember, you have assured anonymity and non-retaliation in the reporting process to the extent that it's reasonably possible.

Additional Resources for Reporting Fraud

"The OIG encourages the public to report any fraudulent use of public assistance dollars through its fraud hotline, 1-877-865-3432, or on the OIG's Fraud Reporting Webpage. The OIG monitors these contacts and reports monthly on the results of these public contacts."

OIG Report Fraud Webpage

Wisconsin OIG

Federal OIG

Congratulations!

You have completed the Provider Compliance Fraud, Waste, and Abuse training for My Choice Wisconsin network providers.

Questions or Concerns

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